

PROPRIETARY BEAMTIME RECORD FORM

Before starting any APS experiment that you may wish to designate as proprietary, please ensure that the two conditions listed below have been met. (Sources of information about the status of your institution's User Account are listed below.)

1. Your home institution has established a Proprietary User Account and you know the 5-digit account number.
2. Your home institution has deposited a cash advance in this account, which is sufficient to cover the amount of proprietary beam time you plan to use during the ensuing three (3) months.

Within 30 days after any continuous usage of beam time for work that you wish to designate as proprietary, please fill in the information below and return this form to an APS Floor Coordinator and a copy to the CAT. The APS will use this form for accounting purposes and will retain it as confirmation that proprietary rights apply to the work performed on the specified beamline during the specified time period. Any beam time usage segment that is not reported as proprietary by the User within 30 days, via submission of a Proprietary Beam Time Record form to the APS, will be regarded by the APS as nonproprietary.

Your home institution: _____

Your home institution's 5-digit Proprietary User Account number: _____

Your name (please print): _____

CAT name: _____ Beamline and station used (e.g., 25-BM-B): _____

Number of stations on this beamline in which data can be collected *simultaneously*: _____

Experiment Safety Approval Form Serial No. (e.g., 25-BM-B-97-01): _____

Start date of this usage segment: _____ End date of this usage segment: _____

Number of hours of beam time used in this segment: _____ (Note: Report usage in whole hours only. Fractional numbers will be rounded up to the next whole number.)

Signature of person with signature authority on this account: _____

Note: You can get information on the status of your institution's Proprietary User Account from any of the following sources:

Web site: <http://www.aps.anl.gov/xfd/WWW/xfd/communicator/useroffice/uasigned.html>

APS User Office: (630) 252-9090, apsuser@aps.anl.gov

Heidi Homerding: (630) 252-1244, useracct@anl.gov

Anne Owens: (630) 252-7833, aowens@aps.anl.gov

Any APS Floor Coordinator

This section to be completed by APS staff:

Form received by (name) _____ on (date) _____